

eCPR Certification Workshop
March 20-21, 2013
@ CASTLE CREEK I
8604 Allisonville Road, Suite 175
Indianapolis, IN 46250



Presented by Allies IN Recovery
Funding is provided through an Olmstead Initiative Grant and an Indiana DMHA Grant

Thank you for your interest in the eCPR Certification Workshop. This two-day certification workshop is designed to give peers with lived experience the tools they need to help others when they are experiencing an emotional crisis. Please note that in order to receive certification in eCPR, participants will need to demonstrate proficiency with eCPR. This workshop requires high participation including role-plays.

Participants will be responsible for their own travel arrangements and lodging. Lunch will be provided to all participants during the workshop. Priority will be given to applicants living in the Indianapolis Metro area or those who interested in relocating to the Indianapolis Metro area to work at the Peer Run Respite & Wellness Center however those already working as a CRS and providing peer support services are encouraged to apply. Space is limited.

APPLICATION DEADLINE IS March 8, 2013

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Are you currently employed? ☐ Yes ☐ No

If living outside Indianapolis, are you willing to relocate for employment at a Peer-run Respite? ☐ Yes ☐ No

If Yes, Name of current employer: _____

Do you identify as having lived experience with mental health issues or severe emotional distress? ☐ Yes ☐ No

Are you a Certified Recovery Specialist? ☐ Yes ☐ No

If No, do you plan to become a Certified Recovery Specialist? ☐ Yes ☐ No

Are you interested in seeking employment at the Peer Run Respite & Wellness Center? ☐ Yes ☐ No

If you are not interested in employment at the Peer Run Respite & Wellness Center, how will you utilize the knowledge and tools you gain from this workshop?

Do you require any special accommodations to attend this workshop? (Interpreter, dietary needs, wheelchair accessibility, alternative learning formats)?

Please write as legibly as possible. Please use complete sentences to answer the following questions. If additional space is needed please use the back of these forms.

1. Why are you interested in participating in this workshop? _____

2. What makes you a good candidate for this workshop? _____

3. Please describe your current activities regarding peer support and recovery at work and/or in the community.

4. What does recovery mean to you? _____

5. Are there any challenges you will face to attend this workshop? How will you handle these challenges?

6. Is there anything else you would like to share? _____

PLEASE INCLUDE A COPY OF YOUR CURRENT RESUME WITH THIS APPLICATION. THANK YOU!

Signature: _____ Date: _____

Please mail your completed application AND copy of your current resume by March 8, 2013 to:

InteCare, Inc.

8604 Allisonville Road, Suite 325

Indianapolis, IN 46250

Attn: Lara Williams

Fax: 317-237-5777

Or email: lwilliams@intecare.org

If you have any questions about this application or the workshop please contact Lara Williams:

lwilliams@intecare.org 317-237-5771